

## **The TennCare Provider and Independent Review: An Information Packet for TennCare Providers**

### **What is Independent Review?**

Independent review<sup>1</sup> is a process for providers of TennCare services to resolve their claims payment disputes with TennCare HMOs, BHOs, and Dental Benefits Managers.<sup>2</sup>

### **Who are Independent Reviewers?**

Independent Reviewers are individuals selected by a panel<sup>3</sup> to hear disputes between TennCare MCOs and providers. They fulfill a judge-like role in rendering opinions and directives on claims disputes. Their compensation is not connected to the outcome of the reviews performed.

### **What makes them “Independent”?**

Independent Reviewers are “independent” because they are selected by an independent panel. They are not selected by the MCO, the provider, the Tennessee Department of Commerce and Insurance (“TDCI”) or the TennCare Bureau.

### **What kinds of claims can be sent?**

Only claims that are eligible can be sent to independent review. Before a claim is deemed eligible for independent review, it must meet the following requirements:

To be eligible for Independent Review, a claim must meet **ALL** of the following:

1. The claim involves a TennCare service, which was provided to a TennCare enrollee,

#### **AND**

2. The MCO:
  - a. Partially or totally denied the claim in a written or electronic remittance advice, *or*

1 T.C.A. §§ 56-32-226(b) and 71-5-2314 govern independent review.

2 MCO = TennCare HMOs, BHOs, and Dental Benefits Managers.

3 Pursuant to T.C.A. § 56-32-226(b)(4), the TennCare Claim Processing Panel sets the review fee. The Panel consists of two provider representatives, one representative from each of the two largest TennCare HMOs, and the Commissioner of TDCI or the commissioner’s designated representative. See T.C.A. § 56-32-226(b)(4).

- b. Subsequently partially or totally denied or recouped a previously allowed claim by a written or electronic notice; *or*
- c. Failed to respond by issuing a remittance advice or other appropriate written or electronic notice partially or totally denying the claim within sixty(60) calendar days of the MCO's receipt of the claim.

**AND**

- 3. The Provider sent a written request for reconsideration to the MCO\*

***\*Explanation of Reconsideration Request Requirements***

If a provider has submitted a claim to the MCO and the provider has failed to receive from the MCO a remittance advice or other appropriate written or electronic notice partially or totally denying the claim within 60 calendar days of the MCO's receipt of the claim, then the provider must request reconsideration from the MCO prior to requesting independent review.

**AND**

- 4. The MCO:
  - a. Failed to respond to the request for reconsideration within 30 calendar days of the MCO's receipt of the request; *or*
  - b. Failed to respond within 60 calendar days of receipt of the reconsideration request, if the MCO requested additional time within the first 30 calendar days of the receipt of the reconsideration request; *or*
  - c. Failed to respond within the timeframe mutually agreed to by the provider and the MCO in writing; *or*
  - d. Continued to deny the claim;

**AND**

- 5. The disputed claim is not involved in arbitration or litigation;

**AND**

6. The provider requested independent review within 365 days of MCOs first denial or first recoupment.

*Note:* If the claim does not meet the eligibility requirements, TDCI will notify the provider.

**If the TennCare MCO no longer contracts with TennCare, can my unpaid claims still go to Independent Review?**

*No.* Under the provisions of Tennessee Code Annotated § 56-32-226(b), independent review of provider claims is available for claims submitted to an MCO involved in a TennCare line of business to a TennCare enrollee. If the TennCare MCO no longer contracts with TennCare, unpaid claims are not eligible for Independent Review even if the date of service on the disputed claim was during the time the MCO had an active contract with TennCare.

**If I have similar claims to dispute, can I group them together?**

Yes, claims involving the same MCO may be grouped together or “aggregated”, if the specific reason for the denial involves a common question of fact or law. The mere fact that a claim is denied does not create a common question of fact or law. The basic rule for whether claims may be aggregated is whether a reviewer can decide for one claim and apply that decision to all claims. If the claims are aggregated, then there is only one fee of \$450.

**Who pays for the review?**

***Contracted Providers (Par-Providers)***

The MCO initially pays the review fee. If a contracted provider loses the independent review, the contracted provider must reimburse the MCO the fee. If a losing contracted provider does not refund the MCO the fee, TDCI may prohibit that provider from future participation in the independent review process.

***Non – Contracted Providers (Non-Par Providers)***

Providers who do not have a contract with the MCO involved in the claims dispute must submit an amount of money equal to the review fee for TDCI to hold before the claim is eligible for review. If the non-contracted provider wins the review, TDCI will reimburse the money held to the non-contracted provider. If the MCO wins, TDCI will reimburse the MCO with

the money held. If the claim is not eligible for independent review, the independent review fee will be returned to the non-contracted provider.

### **How much is the fee?**

As of October 8, 2002, the review fee is \$450 per claim.<sup>3</sup> If the claims are aggregated, then there is only one fee of \$450.

### **How can I request an Independent Review of my claim?**

Providers wishing to pursue independent review should submit the information requested on the Request for Independent Review Form to TDCI at the following address:

Independent Review Request  
Compliance Officer  
TennCare Division  
Tennessee Department of Commerce & Insurance  
500 James Robertson Parkway, Suite 750  
Nashville, TN 37243

The Request Form is located at the following address:

[www.state.tn.us/commerce/tenncare/documents/2006CombinedIR.pdf](http://www.state.tn.us/commerce/tenncare/documents/2006CombinedIR.pdf)

A provider may also call (615) 741-2677 and request the form.

### **How long does the review take?**

Within 14 days of receiving the request for independent review from TDCI, the reviewer will send to the provider and MCO an information request regarding the claims payment dispute. The reviewer must receive the provider's and MCO's response within 30 days, unless the reviewer grants additional time. The reviewer may grant the provider or MCO an additional 30 days to respond for aggregated requests. The reviewer will not consider any information which the Provider or MCO does not submit within the 30 days.

The reviewer shall render a decision within 60 days of the receipt of the request for independent review from TDCI, unless the reviewer requests guidance on a medical issue or requests and receives an extension of time from the Commissioner of TDCI.

**How will I be contacted by the reviewer?**

The Independent Reviewer will contact the provider, usually in writing, by certified mail, return receipt requested or date and time marked facsimile, using the contact information provided to the Independent Reviewer on the Initial Request for Independent Review.

**What will the Independent Reviewer request from parties involved?**

Any and all written information and documentation regarding the disputed claim. Information or documentation from the Provider which was not submitted to the MCO during the organization's review of the disputed claim shall not be considered.

**How will I know if my claim will be paid?**

The reviewer shall render a decision and will send the provider, MCO, and TDCI a copy of the decision.

**If the independent reviewer determined my claim should not be paid, can I appeal?**

Yes. Pursuant to T.C.A. § 56-32-226(b)(3)(D) within sixty (60) calendar days of a reviewer's decision, either party to the dispute may file suit between the MCO and provider, but not the Independent Reviewer, in any court having jurisdiction to review the reviewer's decision and to recover any funds awarded by the reviewer to the other party. Any claim concerning a reviewer's decision not brought within sixty (60) calendar days of the reviewer's decision will be forever barred.

**If the independent reviewer determined my claim should be paid, when will I get my money?**

If the reviewer decides the MCO owes the provider, the MCO must pay the provider within 20 days of receipt of the reviewer's decision. The provider may contact TDCI at (615) 741-2677 if payment is not received within 20 days of receipt of the reviewer's decision.